

State of Washington Application for a Water Right

Please follow the attached instructions to avoid unnecessary delays.

For Ecology Use

Fee Paid 10,000

Date 12-21-77

Section 1. APPLICANT - PERSON, ORGANIZATION, OR WATER SYSTEM Name KICHARD P. RERNARD) Home Tel: (509) 787 - 4061 Mailing Address 8997 CRESCENT BAR RD, NW #101 Work Tel: (425) 355 - 6000 FAX: (S09)787 - 981) City QUINCY State WA Zip+4 98848 + _ Section 2. CONTACT - PERSON TO CALL ABOUT THE APPLICATION ☒ Same as above) Name __ Home Tel: (____ Mailing Address_____ Work Tel: (____ State Zip+4____ ___ FAX: (____)__ City Relationship to applicant ___ Section 3. STATEMENT OF INTENT 300 per Rick Bernard 12-8-00 phone conv. gallons per minute or The applicant requests a permit to use not more than __ ☐ cubic feet per second) from a ☐ surface water source or ☒ ground water source (check only one) for the purpose(s) of IRTIGATION Continuous Single domestic Supply and ATTACH A "LEGAI DESCRIPTION OF THE PLACE OF USE. (See instructions.) NOTE: A tax parcel number or a plat number is not SURPLY and . ATTACH A "LEGAL" sufficient. Seasonal irrigation of 80 acres) Estimate a maximum annual quantity to be used in acre-foot per year: Check if the water use is proposed for a short-term project. Indicate the period of time that the water will be needed: From __/_ /__ to __/_/_ 110 Z 0 1550 Section 4. WATER SOURCE SEPARTMENT OF ECOLOG If SURFACE WATER If GROUNDWATER Name the water source and indicate if stream, spring, A permit is desired for well(s). lake, etc. If unnamed, write "unnamed spring," "unnamed stream," etc.: Number of diversions: Source flows into (name of body of water): Size & depth of well(s): 8"x 600' LOCATION Enter the north-south and east-west distances in feet from the point of diversion or withdrawal to the nearest section corner: 2600' NORTH & 100' EAST FROM THE SW CORNER OF SEC7, TZON, RZZEWM If location of source is platted, complete 1/4 of 1/4 of Section Township Range (E/W) County T_.ot Block Subdivision THE NEW TOWA NID SW 20 N 23 F GTLANT 103 15-C OF TRINIDAD For Ecology Use Date Received: Priority Date: 12 - 2 SEPA, Exempt Not Exempt FERC License # Dept. Of Health #_ 2000 By Date Accepted As Complete Date Returned

ECY 040-1-14 Rev. 7/97 * * f

APPLICATION

Appl. No.:

Se	ction 5. GENERAL WATER SYSTEM INFORMATION
A.	Name of system, if named:
B.	Briefly describe your proposed water system. (See instructions.)
	GRIDDED LOW VOLUME DRIP SYSTEM FOR PURPOSES -OF
	VINEYARD IRPIGATION. DIRECT DRAW FROM PUMP (WELL).
	The state of the s
C.	Do you already have any water rights or claims associated with this property or system? PROVIDE DOCUMENTATION.
	ection 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION Completed for all domestic/public supply uses.)
A.	Number of "connections" requested: Type of connection
	(Homes, Apartment, Recreational, etc.)
В.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your County Health Department.
Co	mplete C. and D. only if the proposed water system will have fifteen or more connections.
C.	Do you have a current water system plan approved by the Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
D.	Do you have an approved conservation plan? If yes, when was it approved? Please attach the current approved version of your plan.
100000000000000000000000000000000000000	ection 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION Completed for all irrigation and agriculture uses.)
A.	Total number of acres to be irrigated: 80
B.	List total number of acres for other specified agricultural uses:
	Use Acres Acres
	Use Acres
	Use Acres
C.	Total number of acres to be covered by this application: 80
D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977) Add up the acreage in which you have a controlling interest, including only: ‡ Acreage irrigated under water rights acquired after December 8, 1977; ‡ Acreage proposed to be irrigated under this application; ‡ Acreage proposed to be irrigated under other pending application(s).
	 Is the combined acreage greater than 2000 acres? Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:
E.	Farm uses: Stockwater - Total # of animals Animal Type (If dairy cattle, see below) Dairy - # Milking # Non-milking

096 2 1 1969

Section 8. WATER STORAGE

Will you be using a dam, dike, or other structure to retain or store water?

YES NO

NOTE: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet or more at the deepest point, and some portion of the storage will be above grade, you must also apply for a reservoir permit. You can get a reservoir permit application from the Department of Ecology.

Section 9. DRIVING DIRECTIONS

Provide detailed driving instructions to the project site.

8 MILES WEST OF QUINCY ON SIZZB, TUIZN RIGHT ON STUHLMILLER RD, THEN STRAIGHT ON GRAVEL DRIVEWAY (STUHLMILLER RD WILL TURN TO LEFT), THEN RIGHT ON OLD (ABANDONED) HIGHWAY TO GRANT COUNTY LINE.

Section 10. REQUIRED MAP

A. Attach a map of the project. (See instructions.)

Se	ction 11. PROPERTY OWNERSHIP			
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and address(es) of the owner(s):		YES	□NO
		x = 1		
В.	Does the applicant own the land on which the water source is lo If no, submit a copy of agreement:	cated?	YES	□ N
to p	rtify that the information above is true and accurate to the best rocess my application, I grant staff from the Department of Ec- litoring purposes. Even though I may have been assisted in the loyees of the Department of Ecology, all responsibility for the a	ology access to the site for insp preparation of the above appli	ection an cation by	d the
App	licant (or authorized representative)	12 DEC 1999 Date		
	downer for place of use (if same as applicant, write "same")	Date		

We are returning your application for the following reason(s)	•
Examination fee was not enclosed	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)	is/are APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	
Please provide the additional information requested above a	nd return your application by
(date).	
cology staff	Date
cology is an Equal Opportunity and Affirmation Acti	lover
cology is an Equal Opportunity and Affirmative Action emp o receive this document in alternative format, contact the Wa	
r (360) 407-6006 (TDD).	1 1081 1081 1 1081 att (200) 407-0004 (40

APPLICATION

Use this page to continue your answers to any questions on the application. Please indicate section number

before answer.